PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0631-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Madecton AC (21 1995), no partient are required to respond to a control of information under it displays a valid OMB control number.										
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application of Docker Number 09/6767696		
CLAIMS AS FILED -: PART I (Cohumn 1) (Cohumn 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR MUMBER FIL		RFLED	NUMBER EXTRA		1	RATE	FEE]	RATE	FEE
BASIC FEE OF CFR LIB(4)					1			- OR		
TOTAL CLAUS D7 CFR L16(d) minus 20 *				1	x 8 •		ÓR.	21 .		
-PROEPERDENT CLADAS PT CFR 1.14(b))	enhus 3 •		•	•		x1		OR	2.5	
MULTIPLE DEPENDENT CLAM FREEENT (37 CFR 1,18(4))					1	••		OR.		
* If the difference in column 1 is less than zero, artisr 'V' in column 2.						TOTAL	 	OR	TOTAL	
			j Vn	10176						
CLAIMS AS AMENDED - PART II 12 22 04 (Column 1) (Column 2) (Column 3)								OR	OTHER	THAN
	CLAMS		(Column 2) HIGHEST	(Column 3)	1	SMALL	ENTITY	J 1	SMALL	
	EMAINING AFTER IENDMENT	Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	ł	RATE	PER		RATE	ADDI- TIONAL FEE
O LOST CARCA C	20	Minus -	20	. /	l	. گھر		25	x .50 .	
U (ar ore Lugge	3	Minus	3		М	x:100 -		OR	× 1200-	7.
FRST PRESENTATION OF MATIPLE DEPONDENT CLAM DJ OFR LINGS)						1:180-		OR	+360	
-11-					•	TOTAL ADDIL FEE		OR T	TOTAL ADDL FEE	
8(1(05 (Column 1) (Column 2) (Column 3)									worres (**
8	CLAIMS EMANDIG AFTER ENDMENT	PR	HIGHEST HUMBER EVIOUSLY VAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL FEE
Total gurana sussing	19 "	dinus **	20	•ø		× 25.		OR	x ,50 .	
The state of the s	3	directs	3	Ø		x 100 .		OR	x : 200 -	
FRIST PRESENTATION OF MULTIPLE DEPONDENT CLAM (\$7 CFR 1.18(4))						+:180-		or [+:360:	
· ·						TOTAL ADO'L FEE		OR .	TOTAL ADD'S FEE	
/ (Column 1) (Column 2) (Column 3)						•				
U Photos RE	CLAIMS MAINING AFTER ENOMENT	PR	IIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. [RATE	ADDI- TICHAL FEE
Total /	19	lirsus *** (20	•	ſ	x <u>=25</u> •		og	× 50.	
Total GO FA LINGS * 7	为 . M	Grand other	3	7		x : 100 ·			× = 200=	
FRANT PRESENTATION OF MATTHE DEPENDENT CLARE ST. COM 1.18(4)						+:180 -		OR	+ 1,3/00-	·
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.						ADD'L FEE			TOTAL ADD'L FEE	
** If the "Highest Number	or Previously Pal	# For IN TI	KIS SPACE I	e fear than 20, c	mier	·20°.				
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "F". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the engranders have in column 1.										

This collection of information is required by 37 CFR 1.16. The information is required to chain or relate a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 25 U.S.C. 122 and 37 CFR 1.14. This reflection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application forts to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form emblor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Peterni and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22213-1450.

If you need essistance in completing the form, call 1-800-PTO-9169 and select option 2.